

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-018354**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**4687**

STATE FILE NUMBER

**FILED MAY 9 1963**

**1. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
**St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION  
**Homer G. Phillips**

Inside Limits  
Yes ☐ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE

**Missouri**

b. COUNTY

c. CITY  
OR  
TOWN  
**St. Louis**

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
**4459 Delmar**

Reside on Farm  
Yes ☐ No ☐

**3. NAME OF DECEASED**  
(Type or print)

First

**Keith**

Middle

**Warford**

Last

**4**

Month

Day

Year

**24**

**63**

**5. SEX**

**Male**

**6. COLOR OR RACE**

**Negro**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**4-23-63**

9. AGE (last birthday)  
Months Days

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.  
**10 51**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Oliver Warford**

13b. MOTHER'S MAIDEN NAME

**Delores Moore**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Mrs. Mary D. Jett, R.R.L., 2601 N. Whittier**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Prematurity**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**776X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

**4-23-63**

to **4-24-63**

and last saw him alive on **4-24-63**

Death occurred on

**2150 A.**

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Do not sign if ill)

22b. ADDRESS

**2601 N. Whittier**

22c. DATE SIGNED

**4-26-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

**4-30-63**

23c. NAME OF CEMETERY OR CREMATORY

**Anatomical Board**

23d. LOCATION (City, town, or county)

**St. Louis, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Rowland Mortuary Svc. 4104-06 Manchester**

25. DATE RECD. BY LOCAL REG.

**APR 30 1963**

26. REGISTRAR'S SIGNATURE

**Roal Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

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**77**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.